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PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2005

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

PPI-105

Application Number

09/996357-Conf. #1918

Filed

November 27, 2001

For **THERAPEUTIC AGENTS AND METHODS OF USE THEREOF FOR TREATING ANAMYLOIDOGENIC DISEASE**

Art Unit

1647

Examiner

C. J. Nichols

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|--|--------|------------------|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 510.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080.

I am the

☐

applicant/inventor.

☐

assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒

attorney or agent of record. Registration Number 56,266

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attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

Maria Laccotripe

Signature

May 24, 2005

Date

Maria Laccotripe Zacharakis, Ph.D., J.D.

Typed or printed name

(617) 227-7400

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

Total of _____ forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 553 863 315 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 24, 2005

Signature: *Maria Laccotripe*

(Maria Laccotripe Zacharakis, Ph.D., J.D.)

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